

TRANSACTIONS AMERICAN NEUROLOGICAL  
ASSOCIATION.

FOURTEENTH ANNUAL REPORT.

SECOND DAY.

*Wednesday, Sept. 10th—Morning Session.*

*Continued from October Number.*

ON A SUBCUTANEOUS CONNECTIVE TISSUE  
DYSTROPHY OF THE ARMS AND BACK,  
ASSOCIATED WITH SYMPTOMS RE-  
SEMBLING MYXEDEMA.

DR. F. X. DERCUM, of Philadelphia, presented the case of a woman, aged 51 years, who suffered from a curious enlargement of the arms and back. This enlargement had existed some two and a half years and had been very gradual. It was stated that the increase in size was due to a dystrophy of the sub-cutaneous connective tissue, and that neither the muscles nor skin contributes to it. Sections of excised pieces of tissue were shown and revealed mainly mucous or embryonal connective tissue. In some fragments fat cells were demonstrated by means of osmic acid, in others no fat whatever could be detected. Some of the preparations exhibited, in addition, vessels with thickened and infiltrated walls besides non-medulated nerves in which inflammatory changes had taken place. Associated with this condition were the following symptoms. Pain increases, confined almost exclusively to the right arm, and while marked along the nerve trunks also diffused throughout the tissue. A peculiar "cakeing" of the swelling was noted at the time of the exises as well as a "bundle-of-worms-like" feel on the inner aspect of the arm. In addition to the pain in the right arm, various patches of anaesthesia were noted—all

more marked, if not confined to the right side of trunk and right limbs. The special nerves also showed decided impairment, the visual fields being markedly contracted, and hearing, taste and smell more or less obtruded. Sweating had been scanty, especially in the early history of the case. Occasional bleeding from mucous surfaces was noted. Occasionally it came from the mucous membrane of the mouth or throat, sometimes a bloody bronchial sputum was noted, and occasionally hematomesis. The thyroid gland could not be felt. The urine was normal, no diminution of urea being detected. Counting the blood corpuscles yielded a negative result.

Dr. Dercum, while claiming that the case was one resembling myxœdema, pointed out the difference between it and typical instances of the latter affection. In the first place the skin itself was not involved—secondly, while slight slowing of movement existed it was not marked. Speech disturbance was present for only a few days, and was probably due to the swelling of the tongue and oral tissues accompanying a crisis of pain. The mind was clear but the patient was excessively irritable. No depression of temperature was observed except at one time, when  $97^{\circ}$  was noted. Subjective chilly feelings, however, were frequently complained of.

#### DISCUSSION OF DR. DERCUM'S PAPER.

DR. MILLS referred to the case of a woman who suffered from what appeared to be myxœdema of the face.

DR. WM. A. HAMMOND was struck with the analogies between the author's case and myxœdema; yet he was not sure that it should be called a case of that disease. It lacked certain essential features. There was no mental aberration. Of the two cases reported by himself, one was dead, the other was alive. This patient showed the characteristic scanning speech. If asked a simple question a half minute was required in getting a reply. Clubbing of the fingers was marked in both of these cases. Dr. Dercum's case had no involvement of the thyroid which would also

seem to be essential to the disease. In his own cases referred to, the thyroid had been enlarged. This was undoubtedly a remarkable case, analogous to those of the enlargement of lateral half of the body. Of this he had seen two cases. If these cases were myœdematous we must revise our notions of that affection.

DR. PUTNAM considered that transition cases were always especially valuable. Pathologically, the affection described would appear to be related to myxœdema, but clinically the relation did not appear distinct.

DR. DERCUM stated that the fluid which exuded in his case resembled lymph rather than the denser fluid of myxœdema. He thought that the case was allied to the type without being a true myxœdema. He referred to the fact, however, that in quite a number of cases of myxœdema, mental symptoms had been marked. In some cases too, the thyroid had not been enlarged but wanting. He thought it difficult to determine minor degrees of enlargement of thyroid through the skin.

The following paper was then read :

#### SUBACUTE PROGRESSIVE POLYMYOSITIS.

By GEO. W. JACOBY, M.D.

OF NEW YORK.

The increase in our knowledge of the various affections of the muscles has, as is well known, during the last ten years assumed proportions which could hardly have been foreseen. That certain muscular affections are due to disease of the anterior columns of the spinal cord, that others are due to disease of the peripheral nerves, and that still others are entirely independent of such affections, but are primarily localized in the muscles themselves, are facts which have assumed the character of axioms. All the attention necessary for the attainment of these results has, however, been given to the chronic forms of muscular disorders, the forms generally described under the designation of degenerative atrophy, and the acute and subacute disorders, particularly the inflammatory ones,